

Return this application to:

State Board of Hairdressers & Cosmetologists
111 St. James Court, Suite A, Frankfort, Kentucky 40601

ATTACH 2 x 2 HEADSHOT
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Date photo was taken: _____

COSMETOLOGIST

Application for Examination

NO REFUND OF EXAMINATION FEE

This application must reach the Board Office complete at
least ten (10) working days prior to the beginning examination date.

Examination fee of SEVENTY FIVE (\$75.00) must accompany this application. Payment must be made in the form of a Money Order, Cashiers Check or Cash (Correct Change Only). No personal or business checks will be accepted.

NOTE – The applicant is required to provide all of the following information; make no changes on the printed form; write distinctly with ink. Give full name; use no initials. **EXAMINATIONS GIVEN MONTHLY EXCEPT JULY AND AUGUST. You will be notified of the examination date from this office following the examination deadline.**

1. Full Name _____
(First) (Middle) (Maiden) (Last)

2. Current Address _____
(Street Address) (City, State, Zip Code)

Mailing Address _____
(Street Address) (City, State, Zip Code)

3. Social Security #: _____ Date of Birth: _____ Phone #: _____

4. How many months of your apprenticeship have you completed? _____ Your License #: _____

Give Dates: Starting date _____ Ending Date _____
Month/Day/Year Month/Day/Year

Name and Address of shop in which apprenticeship was served: _____

Signature of Salon Owner _____ Salon License #: _____

Salon Telephone #: _____

5. Have you been convicted of a felony that has not previously been reported to the board office? ☐ Yes ☐ No
If you answered yes, documentation of felony must be attached to this application for review by the Board.

Signature of Applicant _____ Date _____

Issuance of License: \$25.00 (Twenty-five dollars) – After successful completion of the examination.

You must have this application notarized by a Notary Public.

STATE OF _____ COUNTY OF _____

Before me personally appeared _____
Whose signature and photograph are affixed to this application, and made oath and says that all the foregoing statements are true and correct.

Subscribed and sworn before me this _____ day of _____

Notary Public, in and for _____ County, State of _____

Commission Expires _____ NOTARY PUBLIC

ADA POLICY STATEMENT: The Kentucky Board of Hairdressers and Cosmetologists will provide reasonable accommodations in the administering of all licensure examinations for individuals with disabilities who have met the qualifications for examination. The qualified individual with a disability shall submit, to the Board, documentation from an appropriate professional verifying his/her disability.